

Control Number: 49779



Item Number: 1510

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ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:					
This is a new broker registration					
☐This supplies information for a pending broker registration					
☐ This amends an existing, completed broker registration					
Provide an explanation of the amendment:					
2. Authorized Representative or Attorney to contact about this application:					
Name Clay Sears Title Principal					
Business Mailing Address 2146 Stone Gate	******				
City Fredericlesburg State Tx Zip 78624					
Telephone Number 830- 456 - 4348					
Email Address Clay 82 sears @ gmail. com					
3. Registering Entity : List the registering entity's legal business name, mailing address, telephone number, an email address.	d				
Business Name Upstroam Consulting Group, LLC					
Mailing address 2146 Stone Gate					
City Fredericks burg State Tx Zip 78624					
Telephone Number 830-456 -4348					
Email Address Clay 82 Seas @ gmail. com					

4. Business structure.	Select the form of busin	iess being reg	istered	
☐ Sole proprietor	☐ Corporation	☐ Partnership		
☐ Limited Liability Company (LLC) ☐ Limited Partnership			Partnership	
listed in - 3 above, unde		entity intends	ness-as (d b a) names, other than the legal name to operate. Any name in which a corporation c of State.	
1 st		2 nd		
3 rd		4 th		
eustomer service depar then provide the name, service contact person	tment. If the registering title, business mailing a	entity does no ddress, email :	usiness mailing address, and email address of the of have a dedicated customer service department, address, and telephone number of the customer	
Name Clay Sears		Title Principal		
Business mailing add	ess 2146 Stone	Gate		
City Fredericksburg		State TX	Zip <u>78674</u>	
Telephone Number	830-456- 4548	-		
Email Address Ca	y 8 Sens @ gmail	.com		
7. Commission contac		business ma	iling address, telephone number, and email address	
Name Clay Sear	<u> </u>	Title Pr.	cipal	
Business mailing add	ress 2146 Sto	re Gat	<u> </u>	
City Frederickburg		State TX	Zip <u>78624</u>	
Telephone Number _2	80-456-4248			
Email AddressC	my 82 Sears e gr	ail.com		
	<u> </u>			



AFFIDAVIT

My name is I am the owner, partner, or an officer (Circle One) of the Applicant.
I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that the applicant is authorized to do business in Texas under all applicable laws and is in good standing with the Texas Secretary of State; that all statements made in the application are true, correct and complete; and that any material changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the applicant understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.
A STATE OF THE OWN
Signature of Registering Entity's Owner, Partner, or Officer Lay Seors Printed Name
Upstream Consulting Group, LL C Name of Registering Entity
Sworn and subscribed before me this 24 day of June, 2020 Month Year
Notary Public in and For the State of Texas. My commission expires on 11-10-2021.
HEATHER ORTIZ Notary Public, State of Texas Comm. Expires 11-10-2021 Notary ID 125052128